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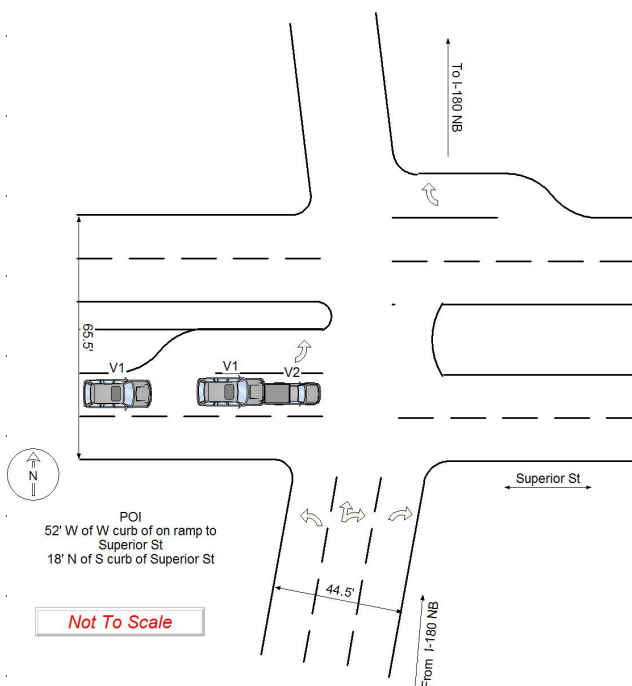
State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 130	Agency Case No. B5-107510	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 11/18/2015		TIME OF ACCIDENT 0519	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 0519	Amended 11/18/2015	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. Superior St/I-180		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	IF AT INTERSECTION		IF NOT AT INTERSECTION			
1	NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES		N S E W OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
V1/M	MILES		N S E W		OF NEAREST CITY OR TOWN	
V2/M	MILES		N S E W		OF NEAREST CITY OR TOWN	
E	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES		DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
F	VEHICLE NO. 1					
2	DRIVER LICENSE NO.	G02100724		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/N	DRIVER		PHONE		LOCAL NO.	
2	ALLAN R WISSINK		402-476-9236			
V2/N	DRIVER ADDRESS		CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	
2	749 W LEON DR, LINCOLN, NE 68521				10/17/1951	
G	OWNER		PHONE		LOCAL NO.	
4	ALLAN R WISSINK / Marv K Wissink		402-476-9236			
H	OWNER ADDRESS		CITY, STATE, ZIP		CITATION	
2	749 W Leon, Lincoln, NE 68521				<input checked="" type="radio"/> YES <input type="radio"/> NO	
V1/O	LICENSE PLATE	PA NO.	TLX586	YEAR (Plate Expires)	2016	STATE (Of Plate) NE
3	VEHICLE	2007	Mercury	MODEL	Mountaineer	BODY STYLE
V2/O	VEHICLE ID NO. (VIN)	4M2EU47E17UJ21846		COLOR	maroon / burgu	
2	TOWED TO	749 W Leon		TOWED BY	Capital Towing	
I	VEHICLE NO. 2					
1	DRIVER LICENSE NO.	G06002709		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/P	DRIVER		PHONE		LOCAL NO.	
1	JAMES J CEJKA		402-784-2311			
V2/P	DRIVER ADDRESS		CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	
1	435 JENSEN, VALPARAISO, NE 68065				04/12/1950	
J	OWNER		PHONE		LOCAL NO.	
01	JAMES J CEJKA / Janice L Cejka		402-784-2311			
V1/Q	OWNER ADDRESS		CITY, STATE, ZIP		CITATION	
1	435 Jensen, Valparaiso, NE 68065				<input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	
V2/Q	LICENSE PLATE	TE NO.	062845	YEAR (Plate Expires)	2016	STATE (Of Plate) NE
4	VEHICLE	2000	Nissan	MODEL	Frontier	BODY STYLE
02	VEHICLE ID NO. (VIN)	1N6DD26S2YC309776		COLOR	gray	
K	TOWED TO			TOWED BY	Capital Towing	
02					FARMERS MUTUAL	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)		1 2 3 4 5 SEX Seat Eject Body Injury Trans. M F Position Region Sev.
VEH. #	NAME		ADDRESS			
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME		ADDRESS			
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME		ADDRESS			
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	

INDICATE BY DIAGRAM WHAT HAPPENED

B5-107510



D2 was stopped at a red light EB on Superior approaching the exit for I-180 NB. D2 stated that the light just turned green when D1 collided with D1. D1 stated he was going approx. 25 mph approaching a red light EB on Superior approaching the exit for I-180 NB. D1 stated that the light turned green and he just ran into D2. No skid marks.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$	
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$	
WITNESSES	NAME			ADDRESS		PHONE
	NAME			ADDRESS		PHONE

VEHICLE MOVEMENT BEFORE COLLISION					POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS		VEH 1	1	VEH 2	1			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME																
1			X		Superior/I-180				VEHICLE 1		VEHICLE 2		ALCOHOL TESTING		Driver No. 1	Driver No. 2	Pedestrian				
2			X		Superior/I-180				POINT OF IMPACT	01	POINT OF IMPACT	05	ALCOHOL LEVEL TESTED		Y		Y		Y		
1	01				06 Turning left				MOST DAMAGED AREA	01	MOST DAMAGED AREA	05	BAC LEVEL								
2	11				07 Making U-turn						ALCOHOL/DRUGS SUSPECTED		Driver No. 1	Driver No. 2							
				08 Entering traffic lane				1			1										
				09 Leaving traffic lane																	
				10 Undercarriage																	
				11 Total (all areas)																	
				12 Other																	
01 Essentially straight ahead					09 Leaving traffic lane																
02 Backing					10 Parked																
03 Changing lanes					11 Slowing or stopped in traffic																
04 Overtaking/Passing					12 Other																
05 Turning right					13 Unknown																
OFFICER NO. 1748					TROOP/TEAM/BEAT 11					DEPARTMENT Lincoln Police Department					Photographs taken? YES NO						
INVESTIGATOR NAME (Print or Type) Briana Gaston										INVESTIGATOR SIGNATURE Approved by Officer Briana Gaston										DATE OF REPORT 11/18/2015	